

# **AREA PLAN on AGING and DISABILITY**

*For Progress toward a Comprehensive, Coordinated Service System  
for Older Persons and Adults with Disabilities*

South Central Tennessee Development District  
Area Agency on Aging & Disability

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Designated Area Agency on Aging and Disability

for the

South Central Tennessee  
Planning and Service Area

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**in TENNESSEE for  
July 1, 2010 – June 30, 2014**

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## **Older Americans Act**

### Section 306 *AREA PLANS*

Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1).

### Section 307 *STATE PLANS*

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan....

(a)(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Link to OAA: [http://www.aoa.gov/AoAroot/AoA\\_Programs/OAA/oa\\_full.asp](http://www.aoa.gov/AoAroot/AoA_Programs/OAA/oa_full.asp)

## **Submittal Page**

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## SUBMITTAL PAGE

- (X) 4-Year Plan for July 1, 2010 – June 30, 2014  
( ) Plan Update for \_\_\_\_\_  
( ) Amendment (Date): \_\_\_\_\_

This Area Plan for Programs on Aging and Disability is hereby submitted for the South Central Tennessee planning and service area. The South Central Tennessee Development District (SCTDD)/Area Agency on Aging and Disability (AAAD) assumes full responsibility for implementation of this plan in accordance with all requirements of the Older Americans Act and Regulations; laws and rules of the State of Tennessee; and policies and procedures of the Tennessee Commission on Aging and Disability.

This plan includes all information, goals and objectives, and assurances required under the Tennessee Area Plan on Aging format, and it is, to my best knowledge, complete and correct.

Signature:  \_\_\_\_\_ Date: 3/10/2010  
Area Agency Director

The Advisory Council on Aging & Disability has participated in the development and final review of the Area Plan. Comments of the Advisory Council are included in Part F of the Plan.

Signature:  \_\_\_\_\_ Date: 3/10/10  
Chair, Area Agency Advisory Council

The Board of Directors of the sponsoring agency has reviewed this plan and Submittal Page. It is understood that we are approving all sections of the Plan A-G. We are satisfied that the plan is complete, correct, and appropriately developed for our planning and service area.

Signature:  \_\_\_\_\_ Date: 3/10/10  
Director, Grantee Agency

Signature:  \_\_\_\_\_ Date: 3/10/2010  
Chair, Grantee Agency Board

**Part A: AREA PROFILE**

**Older Americans Act**

Section 305(a) *ORGANIZATION*

(1) the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to—

(E) divide the State into distinct planning and service areas...in accordance with guidelines issued by the Assistant Secretary, after considering the geographical distribution of older individuals in the State, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, the distribution of older individuals who have greatest economic need...residing in such areas, the distribution of older individuals who have greatest social need...residing in such areas, the distribution of older individuals who are Indians residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the State which were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the State, and any other relevant factors....

Section 306(a) *AREA PLAN*

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point....

**Exhibit Number**

**Title of Exhibit**

A-1	Designated Planning and Service Area
A-2	Area Profile
A-3	2000 Census Data
A-4	Focal Points
A-5	Methods Used to Determine Service Needs
A-6	Summary of Service Needs

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit A-1  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## **Designated Planning and Service Area**

**Area Agency:** South Central Tennessee Development District  
Area Agency on Aging & Disability

**Physical Address:** 807 & 815 South Main Street, Columbia, TN 38401

**Mailing Address** (if different): P.O. Box 1346, Columbia, TN 38402-1346

**Phone #s and Fax #:** 931-490-5900 or 866-836-6678 (phone)  
931-380-1493 (fax)

**E-mail Address:** [jevans@sctdd.org](mailto:jevans@sctdd.org)

**Website:** [www.sctdd.org](http://www.sctdd.org)

**Office Hours:** Monday – Friday, 8:00 am – 4:30 pm

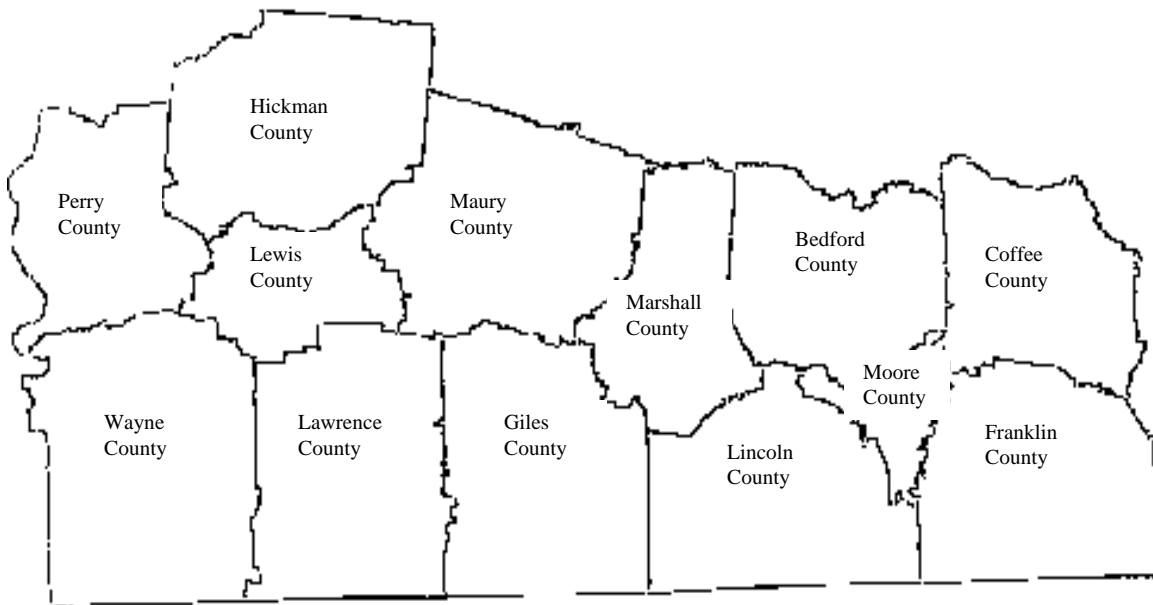
**Director:** Joe Evans

**In Operation Since:** 1972

**Mission:** *To plan for the provision of Older Americans Act (OAA) and state-funded services to persons 60 years of age or older, and to disabled persons 18 years of age or older, in order for them to realize their full potential and thus remain active members in their community for as long as possible.*

## Area Profile

### 1. Identification of counties within the planning and service area.



### 2. Identification of counties designated as rural in the planning and service area.

All thirteen counties, shown above, in the south central Tennessee planning and service area (PSA) are rural.

### 3. Identification of counties/communities designated as urban in the planning and statistical area.

There are no urban counties in the South Central PSA.

#### **4. Describe significant differences among counties/communities in the planning and service area.**

Although the south central Tennessee planning and service area (PSA) is considered as rural, there are still differences among the thirteen counties and their communities to be considered. Typically, the western counties have less total population, less community resources, a larger low-income population, and higher unemployment rates than the middle to eastern counties in the PSA. The most rural western counties have higher risk of social isolation and health factors for older and disabled persons due to the lack of sufficient health care and service providers in these sparse areas. Much of the population travels to larger cities and far distances to seek adequate health care and resources.

The two smallest counties in size are Moore County and Lewis County. Moore County is the only metropolitan area in the PSA, is the smallest county with only 129 square miles and has a population of 6,195. Persons age 65 and older represent 17.5% of the total population in Moore County. Lewis County, which is only 282 square miles, has a population of 11,564 and has the 10<sup>th</sup> highest unemployment rate in the state of 16.8%. Persons 65 and older make up 14.8% of the Lewis County population. Lewis County also ranks high in low-income with 17.9%. The second smallest county in terms of population is Perry County, which has 7,753 people and has the 5<sup>th</sup> highest unemployment rate in the state. Perry County also has 18.2 % of the total population that is low-income, which is the highest in all of the PSA. Perry County has 17.8% of persons age 65 and older. Wayne County has the largest land mass of 733 square miles and a population of 16,909. Wayne County also has a high percentage of low-income at 17.3%, and a high unemployment rate of 15%. Hickman County is another county with a high low-income and unemployment rates, with 17.7% and 12.4 % respectively. Marshall County is ranked as the 2<sup>nd</sup> highest unemployment rate in the state.

On a more positive note, Lincoln County has the lowest unemployment rate in the state at 7.1%. Lincoln County has a population of over 33,000, with 16.2% of that population being age 65 and older. Maury and Coffee Counties are the two largest populated counties, with Maury having 81,938 and Coffee having 52,134. Due to the recent shutdown of the GM plant, Maury County has seen a significant increase in unemployment with a rate of 15.7%. Maury County is also considered the center of the PSA. Coffee County is home to the Arnold Engineering Air Force and Development Center, which helps boost the areas economic and community resources. Bedford County has the highest rate of Hispanic or Latino population in the PSA, at 13.1% of the total population. The counties of Franklin, Lincoln, Giles, Lawrence and Wayne border the state of Alabama to the south. Wayne and Franklin Counties also border the southwest and southeast districts, respectively.

NOTE: Sources used for statistical and demographic information in this section were U.S. Census Bureau (2008 estimates) and Tennessee Dept. of Labor and Workforce Development (Dec 2009).

PSA: South Central  
 Period: FY 2011-2014

Exhibit A-3  
 (X) Original, Dated: 2/5/2010  
 ( ) Update, Dated:

### Area Profile South Central

#### Population By Age Categories

All Ages	385725
60-64	17730
65-69	15380
70-74	13670
75-79	10600
80-84	7335
85+	6205
60+	70920

#### Grandparenting

Grandparents 60+ Responsible for Grandchildren	960
Grandparents 60+ Living with Grandchildren	1,420
Grandparents <60 Responsible for Grandchildren	3,110
Grandparents <60 Living with Grandchildren	2,230

#### By Race/Ethnicity (60+)

White Alone	66215
African American	3980
American Indian	100
Asian	64
Other Minorities	560
<i>Ethnicity</i>	
Non Hispanic	70524
Hispanic	394

#### Educational Attainment

< 5th Grade	3320
5th - 8th Grade	16690
9th-12th No Diploma	13910
High School Diploma	21425
Some College	9460
Bachelors	3525
Master/Professional/Doctorate	2590

#### By Gender (60+)

Male	30060
Female	40865

#### Medical Facility Beds

Skilled Nursing Facilities	3084
Hospitals	
General	1127
Mental Health	
VA	

#### Living Situation (60+)

Male Alone	4495
Female Alone	13535
Living alone	18030

#### Financial Status (60+)

Below Poverty Level	9635
Minorities below Poverty Level	1103

#### Disability Status

Self Care <60	4780
Self Care 60+	6296

#### Elder Housing

Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	6.42	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	489
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	4550	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	285
		Home for the Aged	16
		Assisted Living Facilities	21

## Focal Points

1. For the purpose of assuring access to information and services for older persons, the area agency shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. Define “community” for the purposes of focal point designation.

For the purpose of designating focal points, the South Central Tennessee Area Agency on Aging & Disability (AAAD) defines community as a county where the population of older persons is not centrally located, or a city or urban area where a large number of older persons reside. Since the AAAD’s inception, preference for focal points has been given to multi-purpose senior centers, which were established in collaboration with county government officials, to encourage the maximum collocation and coordination of services for older individuals.

2. List community focal points within the Planning and Service Area.

Bedford County Senior Citizens	111 J.G. Helton Drive Shelbyville, TN 37160	931-684-0019
Coffee County Senior Citizens	410 North Collins Street Tullahoma, TN 37388	931-455-2504
Franklin County Senior Citizens	74 Clover Drive; PO Box 58 Winchester, TN 37398-0058	931-967-0741
Giles County Senior Citizens	100 Senior Citizens Way Pulaski, TN 38478	931-363-6610
Hickman County Senior Citizens	107 Armory Street Centerville, TN 37033	931-729-2115
Lawrence County Senior Citizens	220 Centennial Boulevard Lawrenceburg, TN 38464	931-762-9259
Lewis County Senior Citizens	347 East Main Street; PO Box 292 Hohenwald, TN 38462-0292	931-796-5558
Lincoln County Senior Citizens	908 Washington Street West; PO Box 1204 Fayetteville, TN 37334-1204	931-433-7271
Marshall County Senior Citizens	230 College Street Lewisburg, TN 37091	931-359-1463
Maury County Senior Citizens	1020 Maury County Park Drive; PO Box 993 Columbia, TN 38402-0993	931-380-3950
Moore County Senior Citizens	87 High Street; PO Box 371 Lynchburg, TN 37352-0371	931-759-7317
Perry County Council on Aging	112 Mill Street; PO Box 367 Linden, TN 37096-0367	931-589-5111
Wayne County Senior Citizens	202 Fairlane Drive; PO Box 705 Waynesboro, TN 38485-0705	931-722-3514

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit A-5  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Methods Used to Determine Service Needs

1. Describe below how the Area Agency assessed the needs of older persons and adults with disabilities residing in the planning and service area.

The most recent assessment of needs was conducted in-house through our documentation of Information and Assistance calls from July 1-December 31, 2009. The largest volume of calls was 192, which were related to information on the Medicaid Waiver program. Of those calls, 187 were telephone screened for the Medicaid Waiver program. The second highest volume of calls was 177, which were related to caregiver information and referrals. Some of these calls are reflected in the numbers listed below for other services because these callers may call about anything related to the care of an older or disabled adult. Specific services of home-delivered meals had 63 calls and homemaker had 27 calls. Other services that were called about were home modifications, energy/utility needs, transportation, insurance/Medicare, respite sitter services, medical equipment and personal emergency response systems.

The State Health Insurance Assistance Program (SHIP) utilizes the Low-Income Subsidy (LIS) Tier 1 Zip Code Tracking data supplied by the Centers for Medicare and Medicaid (CMS) for identification of persons who are low income and LIS eligible, but not currently enrolled in LIS. This tool in itself determines the need for outreach and counseling to this low-income segment of the senior population to meet their need for financial assistance and affordable health care insurance. Another factor in determining that there is a need for counseling and education on Medicare and related insurance in the SHIP Program is the backlog of calls that average about 50 during the year, with as many as 200 calls backlogged during open enrollment periods. Due to the lack of adequate staff resources to handle the volume of calls, some people may never receive the help they need.

Two other service needs (besides HCBS and SHIP), which have been expressed on the 2001-2002 Needs Survey conducted by the AAAD and through comments at Public Hearings in the last two years, have been on the need for additional funds to adequately support the Congregate Nutrition Program and Senior Citizens Centers. Of the 238 people surveyed across 13 counties, the needs survey showed 39% in need of congregate meals and as much as 25% in need of the various types of senior center services, which were two of the highest percentages of all services listed on the survey.

Through an in-house budgetary review and review of the Long-Term Care Ombudsman program requirements, this program is in need of additional funding in order to adequately serve the number of persons and long-term care facilities in the PSA.

2. Which home and community based services have all slots filled and how many individuals are on wait lists as of October 1, 2009?

All slots were filled for Title III, OPTIONS and Family Caregiver services of Homemaker, Personal Care and Home-Delivered Meals. The waiting lists as of October 1, 2009 were as follows:

OPTIONS for Community Living	220
Older Americans Act Title III	8
National Family Caregiver Support Program	48

With the economic downturn and expected state budget cuts, it is not likely that the AAAD will be able to serve the number of persons on the waiting lists in a timely manner, nor be able to provide state and/or federally funded HCBS services to new persons who call in to the AAAD in need of services. Some people have been on the waiting list for more than two years.

The Medicaid Waiver Program, funded through the Bureau of TennCare, opened 2,500 new slots statewide as of October 1, 2009, which helped to alleviate the waiting lists with those who were eligible for the Waiver Program. As of March 1, 2010, the name of the Medicaid Waiver Program will change to the CHOICES Program, as the middle Tennessee region transitions under the Long Term Care Community Choices Act of 2008. TennCare will be adding an additional 1,500 slots in the middle Tennessee region. The CHOICES Program will go statewide July 1, 2010.

As determined from the data above, there is great need for additional funding to support in-home HCBS programs that will adequately serve those senior and disabled adults identified to be eligible for such programs.

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit A-6  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Service Needs

1. Based on the information reported in Exhibit A-5, Methods Used to Determine Service Needs, **list** the prevalent service needs of older persons and adults with disabilities in the planning and service area.

Top 5 Program/Service Needs: (1) HCBS In-home Services, (2) Medicare counseling and education, or SHIP, (3) Congregate Meals, (4) Senior Centers, and (5) Long-Term Care Ombudsman Programs

The most prevalent service needs of older persons and disabled adults in the South Central PSA continue to be in-home Home and Community Based Services (HCBS), particularly the three services of Home-Delivered Meals, Homemaker and Personal Care. The large volume of Medicaid Waiver calls to the in-house I&A Specialist include requests for those top three services as well. In addition to these top three needed services, other supplemental services in the home and/or community based setting are often needed, such as home modifications, energy/utility needs, transportation, respite sitter services, medical equipment and personal emergency response systems.

Another top need, as determined by the high volume of calls and the LIS tracking data, is one-on-one counseling and education to Medicare beneficiaries on Medicare and other insurance related issues. The complexity of Medicare, Part D Prescription Drug Coverage, Supplemental Medigap policies, and Medicare Advantage Plans makes it difficult for most senior adults to make informed decisions that provide them with the best available health care for the most affordable price. With limited staff resources, there is always a backlog of calls and some individuals may never get the help they need.

The congregate meal program in the South Central PSA has struggled in the last few years, resulting in reducing the number of days per week to provide meals from five to four, and placing a cap on the number of meals per day. With the assistance of the American Recovery and Reinvestment Act funds, the five days per week were able to be restored, however, the cap on the number of meals remain. The congregate meal program may have to reduce back to four days per week after the temporary funds are spent by October 1, 2010. The congregate meal sites are located in each of the senior centers, so the lack of available meal services also impacts the area senior centers. The senior centers need additional funding that would adequately support at least one full-time position to carry out the federal and state requirements. The senior centers provide health promotion programs, local information and assistance, recreation, educational programs, transportation, in addition to many other social supports for the senior population in the area communities. The services and activities provided through senior

centers and congregate meal sites have proven to delay the need for more costly long-term care services while enabling senior adults to remain independent in their home and communities longer.

The Long-Term Care Ombudsman is limited in staff resources in order to serve all persons in need of these vital services. The Long-Term Care Ombudsman has enough funding for only one staff position, which must cover over 60 long-term care facility annual visits, consultations to residents regarding their rights, mediation and community education to long-term care residents and facilities across the 13-county PSA.

2. Based on the **list** of needs identified in question #1, briefly describe how the Area Agency will address the top 5 identified needs? This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

As shown in the service needs listed above, lack of funding is the major factor in not being able to meet the needs of eligible senior and disabled adults through available AAAD programs. The AAAD needs additional funding to eliminate waiting lists for HCBS services, such as homemaker, personal care, and home-delivered meals. The AAAD will coordinate linkages to other groups and organizations in the PSA to help in assisting those on the waiting lists; however, with the economic downturn the amount of available resources from other agencies and individuals are also limited.

The SHIP program will continue to strive to meet the needs of Medicare beneficiaries through partnerships with area businesses and through the local media, to reach those who are eligible for financial assistance with Medicare. The SHIP program will also be offering local assistance in all 13 counties through the SHIP Volunteer network and off-site counseling locations such as senior centers, hospitals, libraries and other convenient locations for Medicare beneficiaries.

The need for funding to adequately support senior center programs and congregate meals has long existed. The AAAD will continue to provide technical assistance and support to these programs through advocacy, training, and coordination efforts. The senior centers and nutrition program providers will also continue to work with local organizations, civic groups, faith based communities, local governments and others to provide support, whether through monetary contributions, volunteerism, in-kind donations, or other needed resources.

Additional funding is also needed for the Long-Term Care Ombudsman Program. Since no new funds are expected with the economic downturn, this program will have to rely on local support from coordinating agencies, through volunteers, and participant contributions; however, it will still not be enough to adequately provide services to all persons in need. The LTC Ombudsman will continue to build their volunteer network to assist with meeting the needs and satisfying program requirements.

3. **List** the top 5 needs for the Grand Division that includes the planning and service area identified in the 2009 Statewide Needs Assessment.

The top five needs for the Grand Division identified in the 2009 Statewide Needs Assessment were:

- 1) rural transportation
- 2) wandering/driving seniors with dementia
- 3) adult day care
- 4) adult foster homes
- 5) dental/vision/hearing assistance

4. Based on the list of needs in question #3, briefly describe how the Area Agency will address the top 5 needs identified. Do not repeat if the service was already addressed in question #2. This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

In the South Central PSA, the need for transportation is already being addressed through the Public Transportation Program administered by the AAAD's Grantee Agency, SCTDD. Public Transportation and transportation services contracted through other agencies, such as TennCare and welfare-to-work programs, are available to consumers. The Public Transportation Program has one transportation center in each of the 13 counties, with 11 of those centers being collocated with the focal point senior centers. This partnership allows for adequate transportation to be provided to senior and disabled adults, as well as the general population. Transportation consists of trips to senior centers, meal sites, health care facilities, grocery stores and other needed errands. Regular routes are offered to neighboring counties and to larger cities such as Columbia, Tullahoma, Nashville, Murfreesboro, etc.

The AAAD is aware of the need for a Silver Alert or similar initiative to prevent wandering and driving by persons with dementia. The AAAD is establishing partnerships with the Tennessee Dept. of Health's Council on Injury Control and Prevention, the Tennessee Dept. of Transportation, the Tennessee Highway Patrol, AARP and other agencies to implement older driver safety programs throughout the 13 counties. Programs being developed and/or implemented through AAAD coordination include the Older Adults Safety Instructional Series (OASIS) driver education program, the AARP driver safety program, the senior driver safety program by the Tennessee Highway Patrol and a new program called Car Fit, which evaluates the older drivers visibility, mobility and "fit" to their own car. An AAAD staff person, in addition to TDOH, TDOT, and THP staff, will be partnering together to become certified in the Car Fit program and implement the program in the PSA.

The AAAD has been working to address the need for Adult Day Care and Adult Foster Homes by assisting with recruitment of service providers in these two areas. The AAAD contracted with TennCare to recruit providers for these two services. The AAAD has been successful in securing three Adult Day Care providers physically located within the PSA. The AAAD has

held a couple of meetings with service providers and talked with potential agencies about becoming, or helping to identify agencies to become, a provider of Critical Care Adult Homes. However, the rules and regulations for that service are still being developed and once those are posted the AAAD will be able to pursue its efforts in recruitment.

The AAAD has no funding or steady resources available to provide dental, vision or hearing assistance. The SHIP program does offer counseling and education assistance for Medicare beneficiaries on insurance plans that include these types of benefits. The AAAD relies on local community resources, such as the Lion's Club Recycled Eye Glasses Program, faith based organizations, and agency grants/donations to meet these types of needs.

**Part B: AREA SERVICE PLAN**

**Older Americans Act**

Section 306 *AREA PLANS*

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area.... Each such plan shall—  
(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan,  
(a)-(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers

**Exhibit Number**

**Title of Exhibit**

B-1	System of Aging and Disability Services
B-2	Service Delivery in the Planning and Service Area
B-3	AAAD Budget Summary

PSA: South Central  
 Plan Period: FY 2011-2014

Exhibit B-1  
 (X) Original, Dated: 2/5/2010  
 ( ) Update, Dated:

## Statewide Aging and Disability Programs

### Introduction

The Area Agency uses funding from a number of programs to provide a comprehensive array of services for older persons and other adults with disabilities in the planning and service area (PSA). The following is a brief description of the public funding sources and a summary of how many individuals were served in each program.

### Older Americans Act

Older Americans Act (OAA) funds provide, in addition to a comprehensive array of services, the administrative infrastructure to deliver all OAA programs. As the designated state unit on aging, the Tennessee Commission on Aging and Disability (TCAD) receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Aging (AoA) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The AAAD's plan, develop, and implement a system of services for older persons age 60 and over in their respective Planning and Service Areas (PSA). OAA funds support home and community based programs and services such as information and assistance, case management, nutrition services, in-home services, multipurpose senior centers, health promotion, transportation, legal services, Long Term Care Ombudsman Program, and the National Family Caregiver Support Program.

Using Older Americans Act funding the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010*</b>	<b>2011*</b>	<b>2012*</b>	<b>2013*</b>
Personal Care	11				
Homemaker	142				
Nutrition Services:					
Home –Delivered Meals	411				
Congregate Meals	2,404				
Education	2				
Outreach	41				
Screening	888				
Case Management	739				
Health Promotion at Senior Centers:					
Health Education	1,147				
Health Screening	1,395				
Physical Fitness	1,140				
Legal Assistance	221				

Info & Assistance: AAAD	1,698				
Senior Centers	2,708				
Family Caregiver: Support Services	97				
Case Management	123				
I&A	454				
Ombudsman: Cases	17				
Consultations	87				
Outreach (Senior Centers)	1,971				
<b>Units of Service</b>					
Personal Care	490				
Homemaker	5330				
Nutrition Services: Home-Delivered Meals	66,762				
Congregate Meals	96,910				
Education	1,572				
Outreach	120				
Screening	895				
Case Management	1,296				
Health Promotion at Senior Centers: Health Education	5,681				
Health Screening	8,653				
Physical Fitness	22,267				
Legal Assistance	1,096				
Information & Assistance: AAAD	1,969				
Senior Centers	4,695				
Family Caregiver: Support Services	11,278				
Case Management	242				
I&A	496				
Ombudsman: Cases	204				
Consultations	131				
Outreach (Senior Centers)	3,318				

\* 2010-2013 data will be completed in future Area Plan Updates.

### **Options for Community Living**

On July 1, 2000, the Tennessee Commission on Aging and Disability received \$5 million in state funds to support information and referral and to initiate a home and community based long term care services program for older persons and other adults with disabilities who do not qualify for Medicaid long term care services. The Options Program provides homemaker, personal care and home-delivered meals. Other services may be available on a case-by-case basis as funds allow.

Using Options for Community Living funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	223				
Units of Service	28,134				

### **Statewide Medicaid Home and Community Based Waiver Services for Elderly and Disabled (CHOICES)**

Tennessee is in the process of implementing the Long Term Care Community Choices Act of 2008. The State Medicaid Agency, the Bureau of TennCare, is converting from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to a 1115 Waiver. The planned start date for the transition is expected to begin in March 2010 for middle Tennessee, with Franklin County being the one county in our district that will begin the transition in July 2010. The State's nine Area Agencies on Aging and Disability will act as the single points of entry for the CHOICES Program.

The Statewide Home and Community Based Services Waiver, now CHOICES, is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals. The program is administered by the Tennessee Department of Finance and Administration, Bureau of TennCare. This CHOICES Program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

Using Waiver funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	254				
Units of Service	318,603				

### **State Health Insurance Assistance Program (SHIP)**

SHIP is funded by the Centers for Medicare and Medicaid in the U.S. Department of Health and Human Services. The SHIP program is mandated by Congress to provide *free and objective* information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. Currently, an important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs. The Centers for

Medicare and Medicaid Services (CMS) funds the nationwide program. The statewide Tennessee SHIP operates through a small, but highly trained, paid and volunteer staff. In addition to counseling, program staff performs community education and outreach on Medicare and current related issues.

Using SHIP funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Individuals Provided SHIP Counseling	925				

### Public Guardianship for the Elderly Program

The Public Guardian Program is a state funded program designed to assist persons 60 years of age and older who are unable to manage their own affairs and have no family member, friend, bank or corporation willing or able to act on their behalf. Public Guardians (Conservators) assist clients in obtaining the basic necessities of life including making decisions regarding their finances or needed medical care. Legal proceedings (court order) are required prior to service delivery. The Tennessee legislature established a volunteer component to expand the guardianship program in 1996.

Using Public Guardianship funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	55				
Units of Service	2,640				

### Other State Appropriations

The State of Tennessee also appropriates funds to distribute among the area agencies to support multipurpose senior citizen centers. An intrastate funding formula is used to distribute the funds to each area agency. The funding formula is based on a number of factors such as the number of counties in the planning and service area, the proportion of elderly persons and proportion of low income elderly persons residing in the area.

Using State Appropriations the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Senior Centers:					
Education/Training	1,636				
Recreation	4,860				
Telephone Reassurance	381				
Friendly Visitation	948				
<b>Units of Service</b>					
Senior Centers:					
Education/Training	9,809				
Recreation	145,467				
Telephone Reassurance	14,892				
Friendly Visitation	14,608				

## Service Delivery in the Planning and Service Area

- |   |
|---|
| 1. Describe how the following ACCESS SERVICES and related activities are coordinated and/or delivered in the planning and service area. |
|---|

**Information and Assistance:** The AAAD employs a full-time, certified Information & Assistance (I&A) Specialist to answer the toll-free hotline and screen consumers and their caregivers for program, services and available resources to meet their needs. The AAAD also contracts with 13 focal point senior centers to provide information, assistance and referrals to consumers in their local communities.

**Single Point of Entry:** The AAAD serves as the Single Point of Entry (SPOE) for all programs and services, including long term care, for older adults and adults with physical disabilities. The I&A Specialist is the initial point of contact for SPOE. The AAAD will incorporate concepts and functions for a fully functioning Aging and Disability Resource Center and provide the necessary staff, resources and equipment needed to serve as a SPOE for the full range of long-term support options and all other aging services.

**Website and Resource Directory Development:** The AAAD maintains and updates its website at [www.sctdd.org](http://www.sctdd.org). Plans to redesign the entire agency website are underway to be completed in FY-2011. The I&A Specialist maintains a district-wide resource directory and updates the resource information at least annually. The AAAD also partners with the Columbia Daily Herald newspaper each year to provide a Senior Resource Guide tabloid section as an addition to the newspaper for subscribers in and around the Maury County area.

**Marketing the Area Agency:** The AAAD has developed and is distributing an updated brochure of all AAAD programs and services. AAAD staff participates in health fairs and speaks to civic clubs, organizations, provider agencies and others as requested. The AAAD sponsors and provides exhibit/information booths at the annual Senior Expo event, district Senior Olympics, and the annual Adult Abuse Coalition conference. The SHIP/SMP Coordinator has effectively used op-ed articles in local media to educate and identify the needs of low-income elderly and disabled community members, as well as maintain the ability of the AAAD to accommodate those needs.

**Outreach:** Senior centers and congregate nutrition service providers are required through contract to conduct outreach to target groups, particularly low-income, low-income minority, and disabled senior adults age 60 and older, in order to identify their needs and link them to available services and resources to meet those needs. Outreach is conducted in all 21 nutrition meal sites and all 13 senior centers. SHIP/SMP has established new partnerships in order to more effectively outreach to identify the members of the community that are most in need. SHIP/SMP has partnered with Columbia Kroger to set up LIS screening once a month when seniors receive

their 10% discount on groceries; therefore, we have an opportunity to screen seniors that are already actively engaged in minimizing their expenditures.

2. Describe how the following HOME & COMMUNITY BASED SERVICES and related activities are coordinated and/or delivered in the planning and service area.

**Service Coordination/Case Management:** The Home and Community Based Services (HCBS) currently has one support services manager, three service coordinators and one support clerk to efficiently serve our PSA. The AAAD contracts with two home-delivered meal providers and ten homemaker and/or personal care providers.

**Service Provider Network Support:** New service providers are given training prior to being issued a contract. Training includes an overview of all programs involved, an in-depth review of the AAAD office procedures, paperwork, charting, communication, general in-home requirements, and consumer holds, resumes, missed visits, incidents and complaints procedures. All HCBS service providers in the PSA are invited to two HCBS in-home service provider training meetings annually sponsored by the AAAD.

**Family Caregiver Support:** The HCBS service coordinators perform caregiver and care receiver assessments and use in-house referrals to the HCBS RN Manager to report identified caregiver needs relating to training and counseling. The HCBS RN Manager acts as the National Family Caregivers Support Program Coordinator. The AAAD contracts with one durable medical equipment supplier and two medical supply companies to meet medical equipment and supply needs; eight in-home service provider for respite personal care, respite homemaker, and respite sitter services; two home-delivered meal providers; and six Personal Emergency Response System providers. Eleven focal point senior centers participate in the Medical Equipment Recycling Program. The AAAD is working to recruit volunteers and licensed counselors to expand services to include caregiver counseling, caregiver training, and caregiver support groups.

**Homemaker:** The AAAD contracts with ten service providers to provide homemaker services in the PSA.

**Personal Care:** The AAAD contracts with nine service providers to provide personal care services in the PSA.

**Respite Care:** The AAAD contracts with eight service providers to provide respite care services in the PSA.

**Personal Emergency Response Systems (PERS):** The AAAD contracts with six service providers in the PSA to provide PERS.

**Intake:** The AAAD will be conducting intake assessments for the Managed Care Organizations (MCO's) to determine eligibility for the CHOICES Program. The AAAD will provide adequate staff support to dedicate to the intake functions.

3. Describe how the following DISEASE PREVENTION and HEALTH PROMOTION services and related activities are coordinated and/or delivered in the planning and service area.

**Health Promotion:** The AAAD contracts with a focal point senior center in each county to provide three health promotion services: Health Education, Health Screening and Physical Fitness. Goals for units of services and persons served are set in the annual contract and progress is monitored quarterly. Senior Centers partner with local hospitals, home health care agencies, nursing homes, area fitness centers, private fitness instructors and parks and recreations departments to provide these health promotion activities.

**Medication Management:** The AAAD has a Registered Nurse (RN) available to provide Medication Management sessions to elderly consumers and/or caregivers. The RN uses an in-house referral system for service coordinators to refer consumers. The AAAD plans to provide Medication Management programs at the focal point senior centers in the PSA, in partnership with area pharmacists.

4. Describe how ELDER RIGHTS services and related activities are coordinated and/or delivered in the planning and service area.

**Long Term Care Ombudsman:** The South Central Tennessee Development District will administer and provide services of the Long-Term Care Ombudsman Program. A full-time Long-Term Care Ombudsman will be employed to provide ombudsman services, recruit and retain Volunteer Ombudsman Representatives, and conduct annual on-site visits to over 60 long-term care facilities in the PSA.

**Legal Assistance:** The AAAD contracts with Legal Aid Society of Middle Tennessee and the Cumberlands, with offices in Columbia and Tullahoma, to provide legal assistance to senior adults throughout the PSA.

**Public Guardian for the Elderly:** The Public Guardian Program has two full-time employees and a part-time Volunteer Coordinator that work to meet the needs of the clients in the program. Each client is visited at least once per month, or more, if needed. The Public Guardian is on-call 24/7.

**Elder Abuse Awareness:** Elder abuse awareness is accomplished through the Adult Abuse Coalition of South Central Tennessee by annual educational presentations at area senior centers, an annual conference each May, activities promoting World Elder Abuse Awareness Day and by distributing information year-round.

## **Part C: GOALS, OBJECTIVES AND STRATEGIES**

**Older Americans Act**

Section 306 *AREA PLANS*

(a)(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I)

(a)(4)(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement

**Exhibit Number**

**Title of Exhibit**

C-1	Annual Status Report and Highlights
C-2	Access Services
C-3	Home and Community Based Services
C-4	Health Promotion and Disease Prevention
C-5	Elder Rights
C-6	Management Practices
C-7	Targeting Status Report
C-8	Targeting Plan

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit C-1  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## **Annual Status Report and Highlights**

For each of the goals listed in the FY 2010 Area Plan Update (July 1, 2009 – June 30, 2010), provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

### **Goal 1: Access Services**

At mid-year, the AAAD has provided access to services and programs through information and assistance, outreach and assistance with Medicare and other insurance related issues to 6,300 of the 10,000 consumers projected.

Objective 1: By mid-year, the Information and Assistance Specialist has handled approximately 1,046 calls through the toll-free telephone line of the 2,200 projected.

Objective 2: By mid-year, senior centers have provided Information and Assistance to 1,405 older adults of the 2,100 projected.

Objective 3: By mid-year, senior centers have conducted outreach efforts to 1,352 older adults of the 2,000 projected.

Objective 4: At mid-year, the nutrition program has conducted outreach to 1,477 individuals of the 3,000 projected.

Objective 5: At mid-year, SHIP/SMP has conducted 930 of the projected 1,000 individual counseling sessions with Medicare beneficiaries.

Objective 6: At mid-year, SHIP/SMP has conducted 51 of the projected 65 outreach activities.

Objective 7: At mid-year, SHIP/SMP has assisted 36 of the projected 50 low-income Medicare beneficiaries apply for financial assistance through the Medicare Savings Program and the Part D Low Income Subsidy.

Objective 8: At mid year, SHIP/SMP has initiated 3 of the projected 4 new partnerships.

Objective 9: At mid-year, SHIP/SMP has maintained a 100% on-time performance of SHIP program data in accordance with TCAD and CMS requirements.

Objective 10: At mid-year, SHIP/SMP has maintained a 100% on time performance of SMP program data to Upper Cumberland Development District, as required by contract.

Objective 11: At mid-year, SHIP/SMP has exceeded the projected number of 13 trained volunteers; currently, the program has 17 certified SHIP/SMP volunteers.

### **Goal 2: Community Services / Health Promotion & Disease Prevention**

At mid-year, community services and health promotion programs have been provided to 12,268 of the 16,000 consumers projected.

Objective 1: At mid-year, the senior centers have provided educational and training opportunities for 1,636 of the 2,500 projected.

Objective 2: At mid-year, 4,860 senior adults of the 7,000 projected have participated in recreational activities at senior centers in the PSA.

Objective 3: At mid-year, the senior centers in the PSA have utilized 757 volunteers of the 1,250 projected.

Objective 4: At mid-year, congregate meals were provided to 1,333 of the 2,000 seniors projected.

Objective 5: At mid-year, senior centers provided health education activities to 1,147 of the 1,275 persons projected.

Objective 6: At mid-year, senior centers provided health screenings to 1,395 of the 1,700 persons projected.

Objective 7: At mid-year, senior centers exceeded their goal with 1,140 of the 1,000 senior adults projected in physical fitness activities.

Objective 8: At mid-year, none of the 100 projected consumers/caregivers have received Medication Management services since there have been no referrals. The AAAD plans to provide Medication Management programs at focal point senior centers in the PSA.

### **Goal 3: Home and Community Based, Long-Term Care**

At mid-year, the AAAD has served 977 consumers in Older Americans Act Title III-B and Title III-C, the National Family Caregiver Support Program, state-funded OPTIONS program, and the Medicaid Waiver program; which is 86 % of the 1,130 projected.

Objective 1: By mid-year, the AAAD has enrolled 33 of the 100 projected new consumers and provided services to 251 of the 250 projected in the Medicaid Waiver Program.

Objective 2: At mid-year, Case Management services has been provided to 463 of the 600 projected consumers in Title IIIB and Title III-C programs, and 180 of the 200 projected consumers in the state-funded OPTIONS program.

Objective 3: At mid-year, the AAAD has exceeded its projection of providing Case Management services to 80 caregivers; services have been provided to 83 caregivers.

### **Goal 4: Elder Rights**

At mid-year, services that include information and assistance in the protection of the rights of senior citizens have been provided to 465 of the 750 persons projected.

Objective 1: At mid-year, Legal Aid provided services to 116 individuals of the 125 projected.

Objective 2: At mid-year, approximately 57 persons in long-term care facilities were provided direct services and/or resources through the Long Term Care Ombudsman Program, reaching approximately 57% of the 100 persons projected.

Objective 3: At mid-year, the Public Guardian Program has served 42 unduplicated clients.

Objective 4: At mid-year, the Guardian Program has not recruited any new volunteers. Guardian staff is working to maintain its current volunteer program through the tough economic times.

Objective 5: At mid-year, the Adult Abuse Coalition has provided information and education to over 250 seniors through presentations at senior centers.

#### **Goal 5: Management Practices**

The AAAD continues to strive to operate more efficiently so that services can be provided faster with less problems and continues to increase awareness of AAAD programs and services.

Objective 1: AAAD staff work stations were re-organized to improve communication among program staff and to enable a more seamless work flow.

Objective 2: Communication among staff members and their programs has improved with re-organization efforts and staff meetings.

Objective 3: Cross-training among HCBS staff has been conducted to ensure that services and responses are not delayed due to staff being out on leave.

#### **Other AAAD Highlights:**

The AAAD will be breaking ground in the coming fiscal year for a new facility that will provide adequate workspace, convenient parking, easier accessibility for persons with disabilities and areas for consumer consultations. This will allow all AAAD staff to be housed under one roof to improve communications and workflow activities.

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit C-2  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Access Services

**AoA Goal:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

**TCAD Goal:** Increase the number of individuals who access aging and disability services and benefits through a comprehensive, reliable, unbiased and easily accessible information, counseling and referral system.

### AAAD GOAL

The AAAD will continue to ensure that senior and disabled adults, and their caregivers, gain access to services and benefits available to them and are provided with the information and tools necessary to make informed decisions on long-term care options through a professional, reliable information and referral system.

**Objective 1:** The AAAD will maintain contacts at current levels through a comprehensive telephone Information and Assistance (I&A) service and continue to handle calls from the elderly, disabled and their caregivers in the PSA, both formal and informal.

Strategy 1.1: The I&A Specialist will continue to offer screenings for agency programs, make referrals to other agencies, and provide general information.

Strategy 1.2: The AAAD will maintain the toll-free number availability to interested individuals by marketing the number in different genres, such as at senior centers, meal sites, in-home and institutional service providers, as well as include it in free community bulletin sections of area newspapers, on the AAAD website and in electronic newsletter.

Strategy 1.2: The AAAD will maintain relationships with other agencies and advocates, while also establishing new relationships with new agencies and service providers, in order to keep the I&A toll-free number and the professional I&A services offered accessible to those working in various arenas frequented by the aging and disabled population, such as Legal Aid Society, Department of Human Services, Adult Protective Services, Social Security Administration, health care agencies, area hospitals, senior centers, etc.

**Performance Measure:** A minimum of 2,200 persons will be served through I&A services as recorded in the SAMS. Information on agency resources will be kept current in the Beacon/SAMS IR database and reviewed at least annually.

**Objective 2:** The AAAD will contract with focal point senior centers in each of the 13 counties to ensure access to services and programs through an effective I&A and Outreach service at the local community level.

Strategy 2.1: The AAAD will assess each senior centers progress of meeting annual contract projections for I&A and Outreach service units and persons served, at least quarterly.

Strategy 2.2: The AAAD will conduct an annual on-site assessment to review I&A and Outreach documentation to identify weaknesses in the provision of services and to provide technical assistance, as needed.

Performance Measure: A minimum of 2,100 persons will be provided I&A service from their local senior center, and a minimum of 2,000 senior adults will be contacted by their local senior center through outreach services, as recorded in the SAMS database.

**Objective 3:** The AAAD will continue to ensure that the congregate meal service provider maintains Nutrition Outreach services to senior adults, in hopes to link them to a congregate meal site or to provide information about home-delivered meals.

Strategy 3.1: Using monthly outreach reports, the AAAD will assess each meal site's progress of meeting the annual projections for units of nutrition outreach, as required by contract.

Strategy 3.2: The AAAD will continue to require that each of the 21 nutrition meal sites maintain a log of outreach contacts in an attempt to recruit senior to participate in the Nutrition Program.

Performance Measure: A minimum of 2,200 senior adults will be contacted through Nutrition Outreach services, as recorded in the SAMS database.

## Home and Community Based Services

**AoA Goal:** Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

**TCAD Goal:** Assist older individuals and adults with disabilities who are at risk of losing their independence the choice of remaining in their homes or communities thus delaying institutionalization in long term care facilities.

### AAAD GOAL

The AAAD will continue to provide Home and Community Based Services (HCBS) to eligible consumers through the Older Americans Act Title III-B and Title III-C funds, the National Family Caregiver Support Program, the state-funded OPTIONS program, and the Long Term Care Community CHOICES Program.

**Objective 1:** The AAAD will strive to maintain the number of consumers receiving services in federal and state funded programs, despite the proposed cuts to state funds.

Strategy 1.1: AAAD staff will continue to conduct in-home assessments for all federal and state-funded HCBS programs.

Strategy 1.2: AAAD staff will continue to network in the community and participate in health fairs to maintain continuous HCBS awareness.

**Objective 2:** The AAAD will continue to provide case management services to all new consumers in all federal and state funded HCBS programs.

Strategy 2.1: AAAD staff will continue to conduct telephone screenings on eligible consumers.

Strategy 2.2: HCBS staff trainings will be conducted at least quarterly with emphasis on program issues for Caregiver, Options and Title III programs.

Strategy 2.3: AAAD staff will continue to conduct in-home assessments, at least annually, on consumers receiving in-home services and on consumers approved and waiting to receive services.

Strategy 2.4: Continue to publicize HCBS program information, with emphasis on caregiver information, in the quarterly electronic newsletter.

**Objective 3:** The AAAD will provide technical support of all in-home HCBS service providers.

Strategy 3.1: Quality Assurance staff will provide orientation training for any

new service providers in the PSA.

Strategy 3.2: Quality Assurance staff will continue to conduct semi-annual training meetings for all HCBS in-home service providers.

Strategy 3.3: The AAAD staff will continue to recruit new service providers for all HCBS in-home services, as needed.

Strategy 3.4: The AAAD will advertise for volunteers and licensed counselors to expand caregiver support services.

**Objective 4:** The AAAD will strive to maintain the amount of consumers receiving services through the CHOICES Program.

Strategy 4.1: Continue to provide intake for individuals who are in need of home and community based services through the CHOICES program.

Strategy 4.2: Continue to conduct in-home assessments for individuals who are eligible for the CHOICES Program.

**Objective 5:** The AAAD will continue marketing and outreach in the 13 county region for the CHOICES Program.

Strategy 5.1: Continue to provide in-home services for communities to inform individuals and families of the CHOICES program.

Strategy 5.2: Continue to build relationships and educate hospital social workers and discharge planners, nursing homes, home health agencies, etc., to recognize potential eligible individuals for the CHOICES Program.

Performance Measure: A minimum of 1,000 unduplicated persons will receive Home and Community Based In-Home Services through Older Americans Act (Title III-B, III-C), state-funded OPTIONS, the National Family Caregiver Support Program and/or the new Community CHOICES Act, as recorded in the SAMS database.

PSA: South Central  
Plan Period: FY 2011-2014

(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## **Community Services/Health Promotion & Disease Prevention**

**AoA Goal:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

**TCAD Goal:** Provide community services and benefits counseling for older individuals that promote healthy aging through a variety of preventive services and enrollment in Medicare and other insurance options.

### **AAAD GOAL**

The AAAD will continue to provide community services, benefits counseling, and health promotion activities that promote independence and healthy aging for senior and disabled adults in the PSA.

**Objective 1:** The AAAD Registered Nurse (RN) will develop and maintain partnerships to provide Medication Management to senior adults and caregivers in the PSA.

Strategy 1.1: The RN will partner with senior centers to promote Medication Management activities.

Strategy 1.2: The RN will network with local pharmacists to provide senior center Medication Management programs.

Strategy 1.3: The RN will provide Medication Management program information at community health fairs.

Performance Measure: A minimum of 50 consumers will receive Medication Management services, as tracked in the SAMS database.

**Objective 2:** AAAD will maintain and ensure that congregate meals are provided in a social setting at the focal point senior centers or satellite meal sites.

Strategy 2.1: The AAAD will continue to contract with the South Central Human Resource Agency (SCHRA) to provide congregate meals to meet the needs of our consumers.

Strategy 2.2: The AAAD Contracts Monitor will consistently monitor each of the 21 meal sites and two central kitchens where the meals are prepared, using the standardized statewide monitoring tool.

Strategy 2.3: SCHRA nutrition staff will continue to conduct a nutrition screening on all participants eating a congregate meal to evaluate their nutritional health.

Strategy 2.4: SCHRA Nutrition staff will continue to conduct nutrition education to all participants eating a congregate meal, assessing them on upon receiving their first meal and annually thereafter.

Strategy 2.5: SCHRA Nutrition Director will continue to have quarterly training sessions with all 21 meal site managers and two central kitchen managers.

Strategy 2.6: The AAAD Contracts Monitor will provide an annual training session for all nutrition staff.

Performance Measure: A minimum of 2,000 senior adults will receive a congregate meal, as recorded in the SAMS database.

**Objective 3:** AAAD will maintain and ensure that home-delivered meals are provided to eligible consumers, as determined by the AAAD service coordinators.

Strategy 3.1: The AAAD will continue to contract with meal providers to provide home-delivered meals to eligible individuals.

Strategy 3.2: The AAAD's service coordinators will continue to conduct a nutrition screening on all home-delivered meal participants during the initial assessment or re-assessment process.

Strategy 3.3: SCHRA nutrition staff will continue to send nutrition education to all home-delivered meal participants monthly.

Performance Measure: A minimum of 400 eligible consumers will receive home-delivered meals, as recorded in SAMS database.

**Objective 4:** SHIP/SMP will continue to provide individual federal and state health insurance program counseling to Medicare beneficiaries.

Strategy 4.1: SHIP/SMP will continue to provide in-depth, complex one-on-one counseling to Medicare beneficiaries by conducting counseling services via the toll-free SHIP/SMP telephone line, at AAAD offices and at host site locations throughout the PSA.

Strategy 4.2: SHIP/SMP program will increase the number of Medicare beneficiaries served by increasing the number of trained volunteers and counseling sites.

Performance Measure: A minimum of 1,000 Medicare beneficiaries will receive insurance counseling, as recorded in SHIPTALK.

**Objective 5:** SHIP/SMP will continue to conduct outreach activities to the general population of Medicare beneficiaries.

Strategy 5.1: The SHIP/SMP Coordinator will conduct outreach activities to senior centers, civic groups, health councils, public housing projects, churches, retiree organizations and community centers.

Performance Measure: A minimum of 65 outreach activities will be conducted, as recorded in SHIPTALK.

**Objective 6:** The SHIP/SMP Program will continue to assist low income Medicare beneficiaries to apply for financial assistance through Medicare Savings Program and the Part D Low Income Subsidy.

Strategy 6.1: The SHIP/SMP Program will schedule outreach activities at locations where low-income beneficiaries congregate such as low-income housing facilities, food banks, and health clinics.

Performance Measure: A minimum of 50 low-income Medicare beneficiaries will receive help with financial assistance, as recorded in SHIPTALK.

**Objective 7:** The SHIP/SMP will increase the number of new partnerships with service providers and businesses in the PSA.

Strategy 7.1: The SHIP/SMP Coordinator will recruit additional partners by targeting organizations that also serve elderly and disabled adults, such as rural and federally qualified health centers.

Performance Measure: At least four new partnerships will be established, as recorded in SHIPTALK.

**Objective 8:** The SHIP/SMP Program will maintain 100% on-time performance of submission of SHIP data in accordance with TCAD and CMS requirements, and SMP data to Upper Cumberland Development District, as required by contract.

Strategy 8.1: The SHIP/SMP Coordinator will submit to TCAD a report of all client contacts, and public and media activities related to insurance information, counseling and assistance program, including statistical information required for this program by CMS.

Strategy 8.2: The SHIP/SMP Coordinator will submit required data to the Upper Cumberland Development District, as required by contract.

Performance Measure: The SHIP/SMP Program will maintain 100% on time performance for submission of data, as recorded in SHIPTALK.

**Objective 9:** The SHIP/SMP Program will increase the number of trained SHIP/SMP volunteers.

Strategy 9.1: The SHIP/SMP Coordinator and Volunteer Coordinator will work together to recruit volunteer counselors through advertisements in local newspapers, partnerships with faith-based organizations and distribution of flyers throughout the PSA.

Strategy 9.2: The AAAD will require all persons performing SHIP/SMP counseling activities to demonstrate proficiency on the subject matter through post-training examinations.

Performance Measure: A minimum of 12 new volunteers will be recruited and trained, as recorded in SHIPTALK.

**Objective 10:** The AAAD will contract with the focal point senior center in each of the 13 counties in the PSA to provide, at minimum, three health promotion services of health screening, health education and physical fitness, which promote healthy lifestyles and independence among senior adults in their communities.

Strategy 10.1: The senior centers will coordinate with local health care providers, such as home health agencies, doctor's offices, hospitals, etc. to provide free health screenings and health education activities to seniors.

Strategy 10.2: The senior center will coordinate with local parks and recreation departments, fitness centers, private fitness instructors, the Arthritis Foundation, and other available resources to provide structured physical fitness activities.

Strategy 10.3: The AAAD will monitor senior centers progress on meeting contract goals for health promotion programs through quarterly progress reports and on-site annual monitoring.

Performance Measure: Combined, the senior centers will provide health screening to a minimum of 1,700 seniors, health education to a minimum of 1,300 seniors and physical fitness to at least 1,200 seniors, as recorded in the SAMS database.

**Objective 11:** The AAAD will contract with the focal point senior center in each of the 13 counties in the PSA to provide community services of education/training, recreation, telephone reassurance and friendly visitation, in order to promote socialization and educational opportunities.

Strategy 11.1: The senior centers will partner with local agencies to provide speakers on educational topics and offer educational activities such as arts, computer classes, music lessons, and other activities that teach life-long skills.

Strategy 11.2: The senior center will provide daily recreational activities on site at the senior center to promote interaction and socialization among senior members in the community, therefore reducing the risk of isolation and loss of independence.

Strategy 11.3: Each senior center will provide telephone reassurance service on a regularly scheduled basis (at least three times per week) to homebound and socially isolated senior adults in order to make sure they are safe in their homes and that their needs are being met.

Strategy 11.4: Each senior center (with exception of Level I centers not being required) will provide friendly visitation services to senior adults who are homebound and socially isolated by providing visits at least weekly.

Strategy 11.5: The AAAD will monitor senior centers progress on meeting contract goals for education/training, recreation, telephone reassurance and friendly visitation through quarterly progress reports and on-site annual monitoring.

Performance Measure: Combined, the senior centers will provide education/training to a minimum of 2,200 seniors, recreational activities to a minimum of 7,000 seniors, telephone reassurance to a minimum of 450 seniors and friendly visitation to at least 800 seniors across the PSA, as recorded in the SAMS database.

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit C-5  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Elder Rights

**AoA Goal:** Ensure the rights of older people and prevent their abuse, neglect and exploitation.

**TCAD Goal:** Develop, strengthen, and enhance elder rights services in the state that prevent elder abuse, neglect, and exploitation.

### AAAD GOAL

The AAAD will continue to provide education and awareness activities on the prevention of elder abuse, neglect and exploitation to persons in the PSA through the various elder rights services and programs available.

**Objective 1:** To provide a seamless flow of legal assistance, resources and services for elder rights and protection in the 13-county PSA.

Strategy 1.1: The AAAD will continue to contract with Legal Aid Society of Middle Tennessee and the Cumberland to meet the legal needs of older adults in the PSA.

Strategy 1.2: The AAAD's Contracts Monitor will continue to consistently monitor the Title III Legal Services provider using the statewide standardized assessment tool.

Strategy 1.3: Legal Aid Society will continue to coordinate with focal point senior centers in the PSA to provide monthly education and one-on-one counseling.

Strategy 1.4: Legal Aid Society will coordinate with other service and resource agencies, such as Department of Human Services, Adult Protective Services, Public Guardian Program, Long-Term Care Ombudsman program, Adult Abuse Coalition of South Central Tennessee, etc.

Performance Measure: A minimum of 125 consumers will receive legal services, as tracked through quarterly reports submitted by Legal Aid Society and as recorded in the SAMS database.

**Objective 2:** The Long Term Care (LTC) Ombudsman will strive to maintain the number of unduplicated LTC residents receiving resources and services in the PSA and maintain the number of annual LTC facility visits.

Strategy 2.1: The AAAD will contract with the South Central Tennessee Development District to provide the services of a qualified LTC Ombudsman to meet the needs of the elderly consumers in long-term care facilities in the PSA.

Strategy 2.2: The LTC Ombudsman will complete an annual facility visit to all long-term care facilities in the PSA. During these visits, program information and education will be shared with the residents and family members to increase awareness of the Ombudsman Program and the services available.

Strategy 2.3: The LTC Ombudsman will continue to work with other elder rights and advocacy agencies such as, DHS, APS, Public Guardian, Alzheimer's Association, Legal Aid Society and others, by consulting with appropriate agencies as issues arise relative to long-term care residents. The LTC Ombudsman will serve on the area adult abuse coalition and attend other meetings and conference with these resource agencies.

Strategy 2.4: The LTC Ombudsman will strengthen the Volunteer Ombudsman Representative (VOR) program through ongoing recruitment of volunteers. Recruitment efforts will include media releases, speaking engagements and distributing brochures about the VOR Program. The program will provide ongoing training, recognition and retention of VOR's.

Strategy 2.5: The LTC Ombudsman will submit quarterly reports to the office of the State LTC Ombudsman, using data compiled by the National Ombudsman Reporting System.

Performance Measure: A minimum of 100 persons will receive LTC Ombudsman services and the Ombudsman will conduct over 60 annual LTC facility visits, as reported in Ombudsmanager and the quarterly NORS report.

**Objective 3:** The Public Guardian Program will continue to provide management of person and/or property of older individuals through court appointment and also serve as Power of Attorney in some cases. The Public Guardian Program will continue to serve any and all clients appointed to the program, unless the program reaches a number that does not allow the program to meet the clients' needs.

Strategy 3.1: The Public Guardian will continue to respond to all referrals in the 13-county PSA.

Strategy 3.2: The Public Guardian and/or staff will continue to raise public awareness through speaking engagements, distributing brochures, education to area judges, attorneys, court staff, and staff of long-term care facilities.

Strategy 3.3: The AAAD will continue to advocate for adequate funding to meet the needs of the Public Guardian Program by supporting any efforts made by TCAD, CAT or the Area Agency on Aging & Disability to increase, or at least maintain, current funding

for the Public Guardian Program; and by researching possible “Item D” payment of court ordered fees through the Department of Human Services.

Performance Measure: The Public Guardian will provide services to a minimum of 30 persons, as recorded in the SAMS database.

**Objective 4:** The Public Guardian Program will continue to recruit volunteers and strive to maintain the volunteer component of the program, in hopes to expand in the future.

Strategy 4.1: The Public Guardian and/or staff will continue volunteer recruitment efforts through speaking engagements and distributing brochures specific to the volunteer program.

Strategy 4.2: The Public Guardian and/or staff will contact clients previous support groups such as church members or neighbors that have been assisting the client to encourage participation in the Guardian Volunteer Program.

Strategy 4.3: The AAAD will advocate for adequate funding to, at minimum, maintain the volunteer component of the Guardian Program, and possibly expand the volunteer program in the future to better meet the needs of all Guardian clients.

Performance Measure: A minimum of five new volunteers will be recruited for the Public Guardian Program, as recorded in the SAMS database.

**Objective 5:** Through new member recruitment and participation at annual events that focus on adult abuse, neglect and exploitation, the Adult Abuse Coalition of South Central Tennessee (Coalition) will continue its mission to protect the interests of the senior and disabled population against the perpetration of fraudulent, abusive, negligent, or exploitation criminal acts through outreach and education.

Strategy 5.1: Continue quarterly meetings of the Coalition membership.

Strategy 5.2: The Coalition will continue to publish and distribute Coalition brochures and the Community Services Directory.

Strategy 5.3: The Coalition Membership Committee will promote efforts to recruit new members from appropriate agencies to support Coalition activities.

Strategy 5.4: The Coalition will continue to recognize the month of October as Fraud and Financial Abuse Awareness Month with educational presentations at area senior centers and proclamations signed by local county/city officials.

Strategy 5.5: The Coalition’s Conference Committee will hold the annual conference in May, which provides training for service providers, law enforcement,

attorneys/paralegals, senior citizens, caregivers, adults with disabilities, social service workers and health care facility staff.

Strategy 5.6: The Coalition will utilize the local radio and newspaper media in all 13 counties and the AAAD and TVAC websites to advertise Coalition activities.

Performance Measure: A minimum of 500 persons will be reached through elder abuse prevention activities, as tracked on sign in sheets, membership rosters, event reports and flyers.

PSA: South Central  
Plan Period: FY 2011-2014  
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Exhibit C-6  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Management Practices

**AoA Goal:** Maintain effective and responsive management.

**TCAD Goal:** Utilize practices that promote effective and responsible management of financial and human resources.

### AAAD GOAL

The AAAD will responsibly manage the financial resources in order to serve the most consumers in the PSA and will utilize available staff in a way to maximize their time and energy.

**Objective 1:** The AAAD will continue services to existing clients

Strategy 1.1: The AAAD will carefully monitor spending so that the maximum amount of funding can go into services.

Strategy 1.2: The AAAD will work to obtain the best pricing possible from services providers for services.

**Objective 2:** The AAAD will improve AAAD staff efficiency.

Strategy 2.1: The AAAD will complete new offices so that all staff is located in the same building to facilitate better communication and sharing of ideas and information.

Strategy 2.2: The AAAD will increase the sharing of duties by staff in order to avoid the duplication of work.

Performance Measure: Budgeting and financial statements, service provider contracts, and assessment of staff.

PSA: South Central  
 Plan Period: FY 2011-2014

Exhibit C-7  
 Original, Dated: 2/5/2010  
 Update, Dated:

## Targeting Status Report

Report on activities during the preceding year.

1. PSA Demographics and Individuals Served in Older Americans Act programs:

a. Number of low-income minority older individuals in the planning and service area (use 2000 Census population data)	1,115
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	70,920
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	380
d. Number of low-income minority older individuals served (use State Reporting Tool data)	125
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	2,360

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2009 Area Plan Update.

2009* OBJECTIVE	ACTUAL ACCOMPLISHMENT
1. Set specific targeting goals for serving low-income, minority, and disabled senior adults.	Target goals are included in all Title III service provider contracts. Progress on goals are monitored through reports and annual monitoring visits. Senior Centers served 467 minority, 946 low-income, 145 low-income minority and 1,115 persons with disabilities. SAMS numbers for these target groups are lower than actual number served due to the database not counting those characteristics on persons without a birth date in SAMS; therefore, not all senior centers met their contract projections by those reports. Legal Aid and nutrition providers met their goals. Alzheimer's Association did not meet their goal.
2. Require focal point senior centers to target outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities.	Target goals for outreach, low-income, and low-income minority are set in senior center contracts and monitored through quarterly reports and annual monitoring. Senior Centers provided outreach to a total of 1,971 persons, served 946 low-income persons and 145 low-income minority persons. SAMS numbers for these target groups are lower than actual number served due to the database not counting those characteristics on persons without a birth date in SAMS; therefore, not all senior centers met their contract projections by those reports

<p>3. Encourage each focal point senior center to reach out to area public housing projects and other community based sites where low-income minority seniors reside.</p>	<p>Senior Center contracts require at least two activities each year that target low-income minority seniors. Progress is monitored during annual monitoring visit. All 13 senior centers have conducted their two required activities to target low-income minority seniors, as determined during the annual on-site monitoring visit.</p>
<p>4. Distribute service provider brochures and/or newsletters to other agencies serving the targeted groups (i.e. DHS, SSA, health dept., housing authority, minority churches, etc.)</p>	<p>Ongoing. AAAD newsletter emailed quarterly to all service providers and partner agencies. Senior Center distribute monthly newsletters. Brochures distributed at health fairs, meetings, community events</p>
<p>5. Require and monitor focal point senior centers to provide at least two activities per year specifically geared toward low-income minority seniors.</p>	<p>Included in Senior Center Contracts and monitored annually. All 13 senior centers have conducted their two required activities to target low-income minority seniors, as determined during the annual on-site monitoring visit.</p>
<p>6. Target Title C-1 Nutrition Outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minority individuals.</p>	<p>In progress. Included in Nutrition contract. Progress monitored quarterly and annually. The Title III C-1 nutrition outreach goals were achieved.</p>
<p>7. The AAAD will closely monitor and evaluate service providers' targeting efforts and provide assistance in achieving contractual compliance.</p>	<p>Ongoing through quarterly reports and annual on-site monitoring. The AAAD has suggested to senior centers and the Alzheimer's Association to conduct outreach to area minority churches, local housing authority agencies, apartment complexes and shopping areas where minorities live in an effort to increase the number of minorities served.</p>

<p>8. The AAAD utilizes translation services to communicate with non-English speaking minorities</p>	<p>On-going. SCTDD has contract with Open Communications, Inc. for translation services; resource provided to all service providers. No translation services were requested.</p>						
<p>9. The AAAD distributes pamphlets on services and programs that are printed in Spanish to meet the needs of Hispanic and Latino individuals.</p>	<p>On-going as needed.</p>						
<p>10. The AAAD provides training and ongoing technical assistance to all service providers on Title VI Civil Rights and Limited English Proficiency procedures.</p>	<p>Ongoing technical assistance, as requested, and annual training for all service providers. Recent Title VI &amp; LEP Trainings include:</p> <table data-bbox="581 783 1166 892"> <tr> <td>HCBS Service Providers</td> <td>March 26, 2010</td> </tr> <tr> <td>“</td> <td>January 22, 2009</td> </tr> <tr> <td>Senior Center Directors</td> <td>February 5, 2009</td> </tr> </table>	HCBS Service Providers	March 26, 2010	“	January 22, 2009	Senior Center Directors	February 5, 2009
HCBS Service Providers	March 26, 2010						
“	January 22, 2009						
Senior Center Directors	February 5, 2009						

\* Last complete 12-month period.

PSA: South Central  
Plan Period: FY 2011-2014

(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Targeting Plan

### 1. Civil Rights Act of 1964, Title VI Targeting Activities

- a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?

The AAAD staff distributes program and service information to minority churches, at area housing authority meetings, and special events that target minority throughout the PSA, such as Black History Month and Martin Luther King, Jr. celebrations and activities. The AAAD also requires service providers to outreach to minority populations at their local level in the community. The AAAD also requires each focal point senior center to provide at least two minority activities each year. Through those efforts, great partnerships have been established, such as in Perry County where a volunteer, who is also a retired RN, attends the local AME Church once a month to provide health education and health screenings to minority church members after the service, and in other events and partnerships too numerous to mention. The AAAD utilizes the full extent of the aging network and its partners to outreach to minority persons.

- b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?

The AAAD requires service providers to offer programming to target minority populations. The AAAD has one minority staff person, who has been with the AAAD for 12 years, and three minority members who serve on the Advisory Council. The AAAD contracts with three minority-owned service provider agencies and continues to recruit minority service providers as often as possible. The grantee agencies governing board consists of four minority members, which includes the Bedford County Mayor and three designated minority representatives.

- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?

The AAAD Quality Assurance staff monitors senior center and nutrition program documentation of outreach and required annual minority activities. In addition to the service/activity documentation, the AAAD staff also monitors progress on serving minority population through the SAMS database and in quarterly progress reports that shows the percentage of the contract projections met. Other AAAD supported activities are documented by AAAD staff according to their specific program requirements and through news releases, meeting sign-in sheets, flyers, etc

## 2. Older Americans Act Required Targeting Activities

Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; including specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and propose methods to achieve the objectives.

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Require focal point senior centers to target outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities.	Include contract projections for number of minority, low-income, low-income minority, and disabled seniors to be served in senior center contracts	Assistant Director
Develop partnerships with other agencies who serve targeted groups in order to better reach and meet the needs of the target groups.	Distribute service provider brochures and/or newsletters to other agencies serving the targeted groups (i.e. DHS, SSA, health dept., housing authority, minority churches, grocery stores, medical centers, etc.)	Assistant Director HCBS Staff Public Guardian LTC Ombudsman SHIP Coordinator
Support local events and activities that specifically identify and reach minority and low-income minority persons.	Require and monitor focal point senior centers to provide at least two activities per year specifically geared toward low-income minority seniors.  Partner with local business and agencies that target or provide specific benefits for low income senior adults.	Assistant Director QA Staff SHIP Coordinator
Target Nutrition Outreach for congregate meals to older adults with greatest economic and social need, with particular emphasis on low-income minority individuals.	Require through contract that nutrition provider conducts Outreach for target groups.	QA Staff
The AAAD will utilize translation services to communicate with non-English speaking minorities	AAAD will continue to use the "I Speak" flash cards to determine language and contract with Open	All Staff

	<p>Communications, Inc. for translation services.</p> <p>AAAD staff provides training and ongoing technical assistance to all service providers on Title VI Civil Rights and Limited English Proficiency procedures.</p>	
<p>The AAAD will conduct outreach efforts to Hispanic and Latino persons to educate them on services and programs available</p>	<p>The AAAD will distribute pamphlets on services and programs that are printed in Spanish to meet the needs of Hispanic and Latino individuals in areas with highest Hispanic population</p>	<p>All Program Staff</p>

5. Describe how **NUTRITION SERVICES** are coordinated and/or delivered in the planning and service area.

The AAAD contracts with one nutrition meal provider to provide congregate meals, home-delivered meals, pureed meals, therapeutic meals and liquid supplement meals, as well as nutrition outreach and nutrition education at 21 meal sites in the PSA. The AAAD contracts with two additional providers that provide only frozen home-delivered meals in the PSA. In FY-2010, a pilot program for nutrition counseling was initiated by the TCAD Registered Dietician, serving 19 consumers.

The AAAD received one-time funds through the American Recovery and Reinvestment Act of 2009 (ARRA) that was designated for nutrition services only. Funds were used in Fiscal Year 2010, and the remainder of the funds will be used in the first quarter of this Fiscal Year 2011. This temporary funding enables the AAAD to purchase an additional 1,503 home delivered meals and 3,050 congregate meals, which may serve 47 congregate people each day for the first three months.

6. Describe how **SENIOR CENTER** activities are coordinated and/or delivered in the planning and service area.

The AAAD contracts with one focal point senior center in each of the 13 counties in the PSA. Some of the focal point senior centers have satellite centers, which in most cases also serve as meal sites, which are affiliated with the focal point senior center. Coffee County has satellite senior centers in Manchester and Pocahontas, Maury County has a satellite center in Mt. Pleasant, Perry County has a satellite center in Lobelville, and Wayne County has a satellite

center in Collinwood. The AAAD staff provides ongoing support through training and technical assistance and through interaction with the Senior Center Director's Association of South Central Tennessee regular meetings and annual training retreat.

7. Describe how **SHIP, SMP and MIPPA** services are coordinated and/or delivered in the planning and service area.

The beneficiaries most in need of our assistance are identified by a variety of methods: target information provided by CMS; referrals from partnering agencies such as SSA, DHS, as well as other AAAD programs such as I&A, OPTIONS, Family Caregiver Support Program and Medicaid Waiver; incoming calls on the toll-free Medicare and Information counseling line; and routine inquiries generated at our host sites in each of our 13 counties. Once an individual (or group of individuals) is identified, SHIP/SMP staff determines whether a community outreach education or screening event is required in advance of individual counseling/screening sessions. Once any necessary outreach and/or education activity is completed, SHIP/SMP staff or volunteer works with the individual on a one-on-one basis to screen for LIS/MSP eligibility. Application assistance may take place in person or, if the beneficiary so desires, over the telephone.

8. Describe how Older Americans Act funding for coordination is used within the planning and service area.

South Central AAAD will use \$28,642 of Older Americans Act funding toward the AAAD Assistant Director's salary for coordination. The AAAD Assistant Director coordinates with various agencies on various projects throughout the PSA. Some examples of those coordination activities are: partner with Lawrenceburg Parks & Recreation and the Tennessee Senior Olympics to provide volunteer recruitment and coordination as sponsorship for the district Senior Olympics; serve on the Senior Expo Planning Committee and as a member of the Maury County Health Council; serve as a member of the Adult Abuse Coalition of South Central Tennessee and assist with Coalition annual activities such as the conference, Fraud & Financial Abuse Awareness Month, and World Elder Abuse Awareness Day; partner with the Tennessee Dept. of Health (TDOH) Commissioners Council on Injury Control and Prevention to implement the Matter of Balance Falls Prevention Program at senior centers and other service provider agencies across the PSA; partner with TDOH, Tennessee Dept. of Transportation (TDOT), Tennessee Highway Patrol (THP), AARP and other agencies serving on the Commissioners Council on Injury Control and Prevention to implement a new drivers safety program called Car Fit across the PSA; serve as an active member of the Tennessee Vulnerable Adult Coalition since its inception, attending meetings, serving on committees, and promoting awareness activities in the PSA; serve as the liaison and lend technical support to the Senior Center Directors Association of South Central Tennessee in the regular meetings and facilitate the annual training retreat; participate in community health fairs and speak to civic groups and service provider agencies, as requested; and coordinate educational presentations on services and resources for the quarterly Advisory Council meetings and coordinate all other council activities.

9. Describe how the Area Agency coordinates with other public, non-profit or private partners to meet the service needs of older persons or adults with disabilities within the planning and service area. Include a summary of emergency/disaster preparedness coordination activities.

The AAAD coordinates with different partners, such as Dept. of Human Services, Adult Protective Services, Social Security Administration, home health agencies, hospitals, veteran's affairs, Alzheimer's Association, The Family Center, AT&T Lifeline Telephone Program, hospice agencies, Low-Income Energy Assistance and Weatherization Programs, Angel Food Ministries, etc. to meet the service needs of older persons and adults within our PSA.

10. Describe other coordination activities related to advocacy or public education to meet the needs of older persons or adults with disabilities in the planning and service area.

AAAD staff attends Senior Expo and health fair events in the PSA to assist in educating the public on the various aging and disability programs. Other coordination activities related to advocacy or public education to meet needs of older persons or adults with disabilities includes speaking to community groups in order to educate about programs, services and AAAD volunteer opportunities. Some AAAD staff coordinates advocacy and public education efforts with various groups, such as AARP, Tennessee Vulnerable Adults Coalition, health councils, etc. AAAD staff involved with the Adult Abuse Coalition of South Central Tennessee assists with conference education topics, awareness activities and distributes Community Service Directories in the PSA.

11. Describe how the Area Agency provides volunteer opportunities or coordinates with volunteer organizations to meet the service needs of older persons or adults with disabilities within the planning and service area.

Individuals interested in volunteering with the AAAD are educated about the different volunteer opportunities with the AAAD programs and services.

The Public Guardian Program recruits and trains volunteers who serve as advocates for the Guardian clients. Volunteers provide a variety of services including regular visits, shopping and befriending clients.

The SHIP/SMP Program has established a partnership with the local Volunteer Auxiliary to provide Medicare counseling at Maury Regional Medical Center. The hospital provides office space, Internet access and supplies. A certified SHIP/SMP counselor makes available free and objective counseling to more than 500 hospital volunteers.

The LTC Ombudsman provides information on volunteer opportunities at health fairs, community group speaking engagements, and news releases in the media. Volunteer Ombudsman Representatives are provided extensive training and technical support.

12. Describe any grant activities or pilot projects being conducted in the planning and service area to meet the needs of older persons, adults with disabilities and their caregivers.

N/A

13. How are consumers or their caregivers contributing to the cost of the services they receive—donations, cost-share and sponsored services.

Donations are received at the 21 nutrition meal sites on a voluntary basis for both Title III congregate and home-delivered meals. The suggested donation is \$1.25 per meal. HCBS programs (except home-delivered meals) are subject to cost share as determined by a self-declared income. All cost shares and donations help to provide additional services. As required by state and federal policy, all 13 senior centers have a contribution notice posted in a visible location in their facility. Individuals seeking assistance of the LTC Ombudsman Program are given the opportunity to make a donation to the program at the conclusion of the programs involvement.

PSA: South Central  
Plan Period: FY 2011-2014

(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## AAAD Budget Summary

Operating Budget for FY 2011\*

A: Total Resources to Be Used for Area Agency Administration:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Area Plan Administration	\$213,400	\$55,648	\$0	\$269,048
Coordination/Service Development	\$28,642	\$3,183	\$0	\$31,825
<b>STATE FUNDS</b>				
Options for Community Living	\$61,753	\$0	\$0	\$61,753
<b>MEDICAID</b>				
Elderly & Disabled Waiver			\$149,539	\$149,539
<b>LOCAL FUNDS</b>				
<b>TOTAL</b>	<b>\$303,795</b>	<b>\$58,831</b>	<b>\$149,539</b>	<b>\$512,165</b>

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Title IIIB Supportive Services	\$553,458	\$61,495	\$80,700	\$695,653
Title IIIC1 Nutrition Services	\$465,300	\$51,700	\$174,789	\$691,789
Title IIIC2 Nutrition Services	\$419,000	\$46,556	\$124,120	\$589,676
Title IIID Disease Prevention & Health Promotion	\$25,000	\$2,778	\$0	\$27,778
Title IIID Medication Management	\$8,800	\$978	\$0	\$9,778
Title IIIE Family Caregiver	\$204,800	\$22,756	\$1,500	\$229,056
Title VII Elder Rights	\$33,800	\$3,756	\$0	\$37,556
<b>STATE FUNDS</b>				
Senior Centers	\$125,700	\$125,700	\$0	\$251,400
Nutrition (Home Delivered)	\$50,800	\$5,644	\$0	\$56,444
Homemaker	\$27,800	\$3,089	\$0	\$30,889
Guardianship	\$106,700	\$0	\$43,401	\$150,101
Title III Match	\$38,900	\$0	\$0	\$38,900
Options for Community Living	\$586,747	\$0	\$1,500	\$588,247
<b>OTHER</b>				
Elderly & Disabled Waiver			\$384,385	\$384,385
NSIP	\$126,800	\$0	\$0	\$126,800
SHIP	\$97,284	\$0	\$0	\$97,284
<b>TOTAL</b>	<b>\$2,870,889</b>	<b>\$324,452</b>	<b>\$810,395</b>	<b>4,005,736</b>

\*Allocations are estimates. Funding allocations for FY 2011 have not yet been approved by the State Legislature.

**Part D: STAFFING AND ORGANIZATION**

**TCAD Policies and Procedures**

*5-4-.03 AAAD STAFFING REQUIREMENTS*

(1) The AAAD must develop and implement a staffing plan consistent with federal and state requirements which sets forth the number and type of personnel employed and the timetable for hiring staff to carry out the functions of the AAAD. The AAAD is responsible for:

(a) recruiting and employing adequate numbers of staff members to develop and administer the area plan, and

(b) carrying out the functions and responsibilities prescribed by the OAA and other state and federally funded programs addressing the needs of older persons and other adults with disabilities, and its accompanying regulations and these policies.

(8) The AAAD shall submit in the area plan a Training and Staff Development Plan for staff and service providers. The plan should include conferences, meetings and in-service training organized for staff or service providers....

**Older Americans Act Regulations**

Section 1321.55 Organization and staffing of the area agency.

(b) The area agency, once designated, is responsible for providing for adequate and qualified staff to perform all of the functions prescribed in this part.

**Older Americans Act**

Section 306 *AREA PLANS*

(a)(6)(c)(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services....

**Exhibit Number**

**Title of Exhibit**

D-1

Staff Resources

D-2

Training and Staff Development Plan

D-3

Advisory Council

PSA: South Central  
Plan Period: FY 2011-2014

Exhibit D-2  
(X) Original, Dated: 2/5/2010  
( ) Update, Dated:

## Training and Staff Development Plan

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
Title VI Civil Rights & Limited English Proficiency	25	25		Jan 2011
Senior Center Directors: Annual Training Retreat Association Meetings <i>(Specific Topics to be Determined)</i>	2 2	13 13		Oct 2010 Bi-Monthly: July, Sept, Nov 2010 & Jan, Mar, May 2011
CarFit - Older Drivers Safety Program	1		12	Sept 2010 May 2011
HCBS Support Services Staff Training <i>(Specific Topics to be determined)</i>	5			Quarterly
Southeastern Association of Area Agencies Annual Training Conference	2			Sept 2010
HCBS In-Home Service Provider Training	6-8	30-40		Sept 2010 March 2011
Nutrition Service Providers' Meal Site Managers Quarterly Training Meetings	1	25-30		Sept 2010 Dec 2010 March 2011 June 2011
National SHIP Directors Conference	1			June 2011
Region 4 SHIP Training by CMS	1			Sept 2010
SHIP/SMP Bi-Annual Training	2			Oct 2010 March 2011
SHIP/SMP Volunteer Quarterly Training Sessions	2		27	July 2010 Oct 2010 Feb 2011 May 2011
National Family Caregiver Support Program	6	18		July 2010 Jan 2011

Volunteer Ombudsman Representative In-Service	1		5-10	Aug 2010 Nov 2010 Feb 2011 May 2011
New Volunteer Ombudsman Representative Orientation	1		3	Sept 2010 Mar 2011
District LTC Ombudsman Training by TCAD	1			Fall 2010 Spring 2010
LTC Facility Staff Training by LTC Ombudsman	1	20		July 2010 Oct 2010 Jan 2011 Apr 2011
National Guardianship Assoc. Annual Training Conference	1			Fall 2010
Guardianship Training by TCAD & State Guardian	2			To Be Determined by TCAD
Elder Abuse Institute	3			May 2011
Emergency/Disaster Training	24	13		Fall 2010
National Association of Area Agencies on Aging Annual Conference	1			July 2010
TN Federation for the Aging Annual Conference	2			Sept 2010